Case: 1:16-cv-08466 Document #: 7 Filed: 10/03/16 Page 1 of 15 PageID #:36



RECEIVED

AUG 2 9 2016

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

THOMAS G. BRUTON CLERK, U.S. DISTRICT COURT

Enter above the full name of the plaintiff or plaintiffs in	- - 16-cv-8466
this action) vs. Thomas Direi sheriff of cock County and cook county Illin	Judge John Robert Blakey Magistrate Judge Maria Valdez PC7
Jan De sheriff	
John Dor Sheriff	- - -
(Enter above the full name of ALL defendants in this action. Do not	- -
use "et al.") CHECK ONE ONLY:	AMENDED COMPLAINT
COMPLAINT UNDER	THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983, or municipal defendants)
	THE CONSTITUTION ("BIVENS" ACTION), TITLE Code (federal defendants)
OTHER (cite statute, if I	known)
BEFORE FILLING OUT THIS COMP FILING." FOLLOW THESE INSTRU	PLAINT, PLEASE REFER TO "INSTRUCTIONS FOR UCTIONS CAREFULLY.

Reviewed: 8/2013

I.	Plaint	
	A.	Name: Barrett White Nourg
	В.	List all aliases:
	C.	Prisoner identification number: 20130925123
	D.	Place of present confinement: Cooks County JAI
	E.	Address: P.O BOXD89022 ChicAgo II, 60608
	numb	re is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. er, place of confinement, and current address according to the above format on a ste sheet of paper.)
п.	(In A position	below, place the full name of the first defendant in the first blank, his or her official on in the second blank, and his or her place of employment in the third blank. Space o additional defendants is provided in B and C.)
	A.	Defendant: Thomas Dart
		Title: Shanft of rach country and cook country Illusous
		Place of Employment: Cook County Corrections
	В.	Defendant: John Doe
		Title: Sycariff
		Place of Employment: Coch County correction 5
	C.	Defendant: The Day Shares
		Title: Shorth
		Place of Employment: COOK County Corrections
	(If yo	bu have more than three defendants, then all additional defendants must be listed ding to the above format on a separate sheet of paper.)

Case: 1:16-cv-08466 Document #: 7 Filed: 10/03/16 Page 3 of 15 PageID #:38

DEFENDANT JOHN DOE

THE: Shenth

Place of Employment Coolh County corrections

DEFENDANT John Doe

Title: Shenth

Phace Remployment County corrections

Defendant: John Dose

Title! Theriff

Phace of Employment. Cools county Corrections

Cou	t ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or feder art in the United States:
A.	Name of case and docket number: 15 CV3010
В.	Approximate date of filing lawsuit: 4/29/15
C.	List all plaintiffs (if you had co-plaintiffs), including any aliases:
D.	List all defendants: Thomas Dirty Shariff of Couch County, Illinois
E.	Court in which the lawsuit was filed (if federal court, name the district; if state coun name the county):
F.	Name of judge to whom case was assigned: Honorable John Police + Blakey
G.	Basic claim made: 3,750,00 settlement payment
H.	Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): The MASE WAS SEHIED
I.	Approximate date of disposition: 2/28/16

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

by one Of the Officer reft" I was still outed to the back in my call with the whole left side of my three swollen be Upyl raccopoition, My keft side of my face was split Above myeye And under myeye. I was left like this for what felt like over an blow, while correctional officers went from door to door finishing there leath Cheak and in some leak Check beating atter detainers As well, Finally the consistional Officer and a sat Came to get me and take me to the spensery In Durision 10. The Spensery referred in to Ormak Immediately And more even mented on pushing me to cernate in A wheel obair due to pry andition in which the Officer said he auntaget is wheelahair. Apon anny to Crimak I was placed in what is called the basement as Division 10. I worked there brover Ashow washing to go to Cermak Apon Making it to Cernak it was near 5:00 Am On April 30, 2015 I was sen by a med tech who reserved me to see the dictor the doctor took one how At my force And Immediately applied the parametic to come got me And take me to strage tropital. 80 min later I was in the Anibulance going to Steeger Hospital Trauma Unit Where I was treated formy injuries. Also there was A held band camera on the seein when this invident techn place. Officer And the Soft Interview he on CAMERA with my wounds Under Foother. Also I never strucked why a knowled shut. I request pull video foothers. Also I never strucked why other during this incident.

V.	Relief:
	State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.
I Cit	uxuld lilly the court to determine the prount I rever for compensated amongs, fundual disease
<u>_</u> Ge	H.M.K.
VI.	The plaintiff demands that the case be tried by a jury. YES NO
	CERTIFICATION
	By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.
	Signed thisday of, 20
	Abnet whitehouse
	(Signature of plaintiff or plaintiffs) OACEH Whitenburg
	(Print name)
	(I.D. Number) P.O BOL 089003
	90100 II gazin
	(Address)
	(Addiess)



Case: 1:16-cv-08466 Document #: 7 Filed: 10/03/16 Page 8 of 15 PageID #:43 COOK COUNTY SHERIFF'S OFFICE

GRIEVANCE	NON-GRIEVANCE (RE	EOUEST)
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(Oficina del Alguacil del INMATE GRIEVANO			CONTROL#
(Formulario de Queja del			
1 This section is to be completed by P	rogram Services staff - ON	LY I (! Para ser llenado s	olo por el personal de Program Services !)
GRIEVANCE FORM PROCESS	ED AS:	REFERRED TO:	
EMERGENCY GRIEVANCE		☐ CERMAK HEA	LTH SERVICES
☐ GRIEVANCE		SUPERINTEN	DENT:
NON-GRIEVANCE (REQUE	(ST)	OTHER:	
Program Services Supervisor Approving Hon-	Grievance (Renuest) Signature		
		ION (Información del Pre	so)
PRINT - INMATE <u>LAST</u> NAME (Apellido del Preso):	PRINT - FIRST NAME (Prin	mer Nombre):	ID Number (# de identificación):
Shall at the attention		· ·	
DIVISION (Division):	LIVING UNIT (Unidad):		DATE (Fecha):
INMATE'S RRIFES	LIMMARY OF THE CO	MPI AINT (Breve Resum	en de los Hechos del Preso):
* Un preso que des * Las decisiones del Comité Disciplinario de los pr * Cuando una Queja se procesa como una Que } PLEASE INCLUDE:	sea llenar una queja, se le requie esos, no podrán ser cuestionada UEJAS NO (PETICION), un preso p a sea porque no hay una respue Date of Incident –	podría re-someter una Queja des esta o porque la respuesta es inse Time of Incident – Spe	días después del incidente. I Formulario de Quejas/Respuesta/Forma de Apelación. oués de los 15 días para recibir un "Numero de Control", atisfactoria. ecific Location of Incident
(Por Favor, Incluya:	Fecha Del Inclaente –	Hora Dei Incidente – Lug	gar Específico Del Incidente)
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	ing strain of the property	Marine Marine Control	A STATE OF THE STA
and the second of the second o			As A Mary Marker Name of the Control of
ACTION THAT YOU ARE REQUESTING (Acción que esta soli	citado):		
	A control of the cont		tion of the second seco
NAME OF STAFF OR INMATE(S) HAVING INFORMATION RE (Nombre del personal o presos que tengan información:)	GARDING THIS COMPLAINT:	INMATE SIG	NATURE (Firma del Preso):
(Nombre der personal o presos que tengan imormación.)			
SUPERINTENDENTS/DIRECTORS/DESIGNEES OF AND EMERGENCY GRIEVANCES. IF THE II CRW/PLATOON COUNSELOR (Print):	A DIVISION/UNIT MUST REVIEW NMATE GRIEVANCE IS OF A SI SIGNATURE:	W AND SIGN ALL GRIEVANCES ERIOUS NATURE, THE SUPERII	ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, STENDENT MUST INITIATE IMMEDIATE ACTION. DATE CRW/PLATOON COUNSELOR RECIEVED:
	SIGIVATORE:		DATE CRW/PLATOUN COUNSELUR RECIEVED:
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:		DATE REVIEWED:

Case: 1:16-cv-08466 Document #: 7 Filed: 10/03/16 Page 9 of 15 PageID #:44
COOK COUNTY SHERIFF'S OFFICE
(Officina del Alguacil del Condado de Cook)

CONTROL#

\ /	MATE GRIEVANCE F mulario de Queja del Pre					
! This section is to	o be completed by Progr	ram Services staff - ONLY	(1 (! Para ser llen	ado solo por el per	rsonal de Program S	ervices !)
GRIEVANCE	FORM PROCESSED	AS:	REFERRED TO	O:		
EMERC	GENCY GRIEVANCE		☐ CERMAK	(HEALTH SERVIC	ES	
GRIEVA	ANCE		SUPERIN	ITENDENT:		
☐ NON-G	RIEVANCE (REQUEST))	OTHER:		Annual Agents	
Program Servic	ces Supervisor Approving Hon-Grieva	ance (Request) Signature				
PRINT - INMATE LAST NAME (AL		NMATE INFORMATIO			7 - 12 - 12 - 12 - 13 - 13 - 13 - 13 - 13	
PRODUCTION OF THE PROPERTY OF	ielliao aei Presoj:	PRINT - FIRST WANTE (LITTLE)	r Nombre):	ID Wuntoer	(# de identificación):	
DIVISION (División):	<u>. 1. V</u>	LIVING UNIT (Unidad):		DATE (Fech	na):	
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* Las decisiones del Com	Number" if ther * Un preso que desea lle ité Disciplinario de los presos, a se procesa como una QUEJAS	a NON-GRIEVANCE (REQUEST), re has been no response to the lenar una queja, se le requiere s, no podrán ser cuestionadas d S NO (PETICION), un preso pod a porque no hay una respuesta	e request or the response que lo haga dentro de lo o Apeladas a través del u dría re-someter una Quej	e is deemed unsatisfac os 15 días después del uso del Formulario de Q ija después de los 15 di	tory, Incidente. Quejas/Respuesta/Form	na de Apelación.
		Date of Incident – Tir Fecha Del Incidente – Ho	me of Incident – ora Del Incidente –	Specific Location Lugar Específico I		
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	<u> </u>		and the second of the second	A Form Colored Colored	· Name A street	
AND DEQUEST				- 1 W. J. V.	<u>Value (Marchaelle)</u>	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
ACTION THAT YOU ARE REQUEST	ING (Acción que esta solicitado)) ;				· · · · · · · · · · · · · · · · · · ·
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NAME OF STAFF OR INMATE(S) H (Nombre del personal o presos q	que tengan información:)		No. 100	E SIGNATURE (Firma de		of the state of th
SUPERINTENDENTS/DIRECT AND EMERGENCY O	ORS/DESIGNEES OF A DIVI GRIEVANCES. IF THE INMA	ISION/UNIT MUST REVIEW A TE GRIEVANCE IS OF A SERIO	AND SIGN ALL GRIEVAN	NCES ALLEGING STAI	FF USE OF FORCE, STA	FF MISCONDUCT,
CRW/PLATOON COUNSELOR (Pri		SIGNATURE:			TE CRW/PLATOON COUNS	
					American	1 15
SUPERINTENDENT/DIRECTOR/D	ESIGNEE (Print):	SIGNATURE:		DA	TE REVIEWED:	-1

Case: 1:16-cv-08466 Document #: 7 Filed: 10/03/16 Page 10 of 15 PageID #:45 COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

GRIEVANCE	NON-GRIEVANCE	(REQUES
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INMATE GRIEVANC (Formulario de Queja del			
! This section is to be completed by Pr	rogram Services staff - ONLY	l (! Para ser llenado s	oló por el personal de Program Services !)
GRIEVANCE FORM PROCESSI	ED AS:	REFERRED TO:	
EMERGENCY GRIEVANCE		CERMAK HEA	LTH SERVICES
GRIEVANCE		SUPERINTEN	DENT:
☐ NON-GRIEVANCE (REQUE	ST)	OTHER:	
Program Services Supervisor Approving Non-L	Grievance (Request) Signature		
	INMATE INFORMATIO		o)
PRINT - INMATE LAST NAME (Apellido del Preso):	PRINT - FIRST NAME (Primer	Nombre):	ID Number (# de identificación):
DIVISION (División):	LIVING UNIT (Unidad):		DATE (Fecha):
DIVISION (DIVISION):	EIVING OWN (Omoso).		DALE (recira).
INMATE'S BRIEF S	UMMARY OF THE COMF	PLAINT (Breve Resume	n de los Hechos del Preso):
* Inmate Disciplinary Hearing Board dec * When a grievance issue is processed Number" if * Un preso que des * Las decisiones del Comité Disciplinario de los pro * Cuando una Queja se procesa como una QU	I as a NON-GRIEVANCE (REQUEST), f there has been no response to the sea llenar una queja, se le requiere d sesos, no podrán ser cuestionadas o	ed through the use of an Inmai an inmate may re-submit the request or the response is dec que lo haga dentro de los 15 o Apeladas a través del uso del tría re-someter una Queja desp	te Grievance Request/Response/Appeal Form. grievance issue after 15 days to obtain a "Control emed unsatisfactory. Vías después del incidente. I Formulario de Quejas/Respuesta/Forma de Apelación. pués de los 15 días para recibir un "Numero de Control",
PLEASE INCLUDE: (Por Favor, Incluya:	, , ,	ne of Incident – Spe	cific Location of Incident
Land Committee of the C	Andrews Line		
N. Branches M. A. W. Carlot	Angles of Shipton	San A. A.	
William Control Control	en e	Salara A	The San
	**\v. \\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \		L. M. Santa Maria Carallel St. Communication of the
and the second of the second of the second of			
		A 1 777	Name and the second second
		<u>antiana de la Reila de Arto de Los</u> Transportes	
ACTION THAT YOU ARE REQUESTING (Acción que esta solid	citado):		3 - 12 1 2 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2
	A Comment of the Comment	<u> </u>	
		<u> </u>	<u> </u>
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REC (Nombre del personal o presos que tengan información:)	GARDING THIS COMPLAINT:	INMATE SIGN	IATURE (Firma del Preso):
			ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT.
AND EMERGENCY GRIEVANCES. IF THE IN CRW/PLATOON COUNSELOR (Print):	NMATE GRIEVANCE IS OF A SERIO SIGNATURE:	OUS NATURE, THE SUPERIN	TENDENT MUST INITIATE IMMEDIATE ACTION. DATE CRW/PLATOON COUNSELOR RECIEVED:
			3,9,75
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:		DATE REVIEWED:
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and the second s			

Immate Copy

Inmate Grievance Number: 2015 x 2257

Your allegation(s) have been forwarded to the Offices of Professional Review and Divisional Superintendent for review and/or investigation.

You may follow-up with the Office of Professional Review by contacting their office directly *or* submitting an inmate request form, to speak with the Divisional Superintendent.

Office of Professional Review 3026 S. California Ave Building 4 / 4th floor Chicago, Illinois 60608

Case: 1:16-cv-08466 Document #: 7 Filed: 10/03/16 Page 12 of 15 PageID #:47



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

GRIEVANCE

NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

CONTROL#

INMATE INFORMATION (Información del Preso) INMATE LAST NAME (Applilido del Preso): INMATE PIRST NAME (Primer Nombro): INMATE LAST NAME (Applilido del Preso): INMATE PIRST NAME (Primer Nombro): INMATE LAST NAME (Primer Nombro): INMATE LAST NAME (Primer Nombro): ID Number (# de identificación): GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE (EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE) CRW / PLATOON COUNSELOR RESPONSE (If applicable): CRW / PLATOON COUNSELOR RESPONSE (If applicable): CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / //REQUEST TO (Example: Superintendent, Cermak Health services, Personnel): DATE REFERRED: /
INMATE LAST NAME (Apellido del Preso): INMATE FIRST NAME (Primer Nombro): ID Number (# de Identificación): GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE (EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE) CRIW / PLATOON COUNSELORS SUMMARY OF THE COMPLAINT: IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable): CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / /REQUEST TO (Example: Supefintendent, Cermak Health services, Personnel): DATE REFERRED: /
GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE (EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE) CRW/PLATOON COUNSELORS SUMMARY OF THE COMPLAINT: IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable): CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE //REQUEST TO (Example: Suberinlendent, Cermak Health services, Personnel): DATE REFERRED: J
(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE) CRW / PLATOON COUNSELOR RESPONSE (if applicable): CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / / REQUEST TO (Example: Superintendent, Certmak Health services, Personnel): DATE REFERRED: MESPONSE BY PERSONNEL HANDLING REFERRAL:
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IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable): CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / /REQUEST TO (Example: Superintendent, Cermak Health services, Personnel): DATE REFERRED: RESPONSE BY PERSONNEL HANDLING REFERRAL:
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PERSONNEL RESPONDING TO GRIEVANCE (Print): SIGNATURE: DIV. / DEPT. DATE:
PERSONNEL RESPONDING TO GRIEVANCE (Print): SIGNATURE: DIV. / DEPT. DATE:
PERSONNEL RESPONDING TO GRIEVANCE (Print): SIGNATURE: DIV. / DEPT. DATE:
Elizabeth 1 John 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.
SUPERINTENDENT / DIRECTOR / DESIGNEE (Print): SIGNATURE: DIV / DEPT. DATE:
NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box): INMATE SIGNATURE (Firma del Preso): DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida):
GRIEVANCE SUBJECT CODE:
NON-GRIEVANCE SUBJECT CODE:
INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)
* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar
todas las posibles respuestas administrativas.
DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido):
NMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion):
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ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL? Yes (Si) No
¿ Apelación del detenido aceptada por el administrador o/su designado(a)?
ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendacion por parte del administrador o / su designado(a)):
- British and the state of the property of the same first and the same of the same of the same of the same of
- The contract of the Contract
ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)): SIGNATURE (Firma del Administrador o / su Designado(a)): DATE (Fecha):
NMATE SIGNATURE (Firma del Preso): DATE INMATE RECEIVED APPEAL RESPONSE: (Fecha en que el Preso recibio respuesta a su apelacion):
(I out a dirique qu'i resu recipio tespuesta à su aperazion).

Case: 1:16-cv-08466 Document #: 7 Filed: 10/03/16 Page 13 of 15 PageID #:48



COOK COUNTY SHERIFF'S OFFICE (Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

	GRIEVANCE	I	NON-GRIEVANCE	(REQUEST
النسا	CHILLIANOL	لـــا	HOIT OIGHT WHITE	(INTROPOLO)

SHERIFT	(Petición de Queja del Pres	so / Respuesta	/ Forma de Ap	elación)	201	5 236	A company of the comp
				(Información del P		eti ja ere eje e e Etimologia etimologia e	
INMATE LAST NAME (A		INMATE FIRS	T NAME (Primer Nom	prop:	ID Number (# de id	dentificación):	and the second
	GRIEVAN (EMERGENCY GRIEVANCES	CE / NON-GR	IEVANCE (REC	QUEST) REFERF	RAL & RESPONSI	E TY OF AN INMATE)	
	CELOPIS SHIMMARY OF THE COMPI	AINIT:		ATE TIMEAT TO THE		TY OF AN MAINTER	
					2		
IMMEDIATE CRW / PLAT	TOON COUNSELOR RESPONSE (if a	pplicable):					
					·		
CRW / PLATOON COUNS	SELOR REFERRED THIS GRIEVANC	E //REQUEST TO (E	xample: Superintender	nt, Cermak Health services	s, Personnel):	DATE REFERRED.	5/15
RESPONSE BY PERSON	NEL HANDLING REFERRAL:		* * * * * * * * * * * * * * * * * * *	4		12	
*************************************	And the second s				4.4	the first state of the state of	1
<u> </u>		· · · · · · · · · · · · · · · · · · ·					
PERSONNEL RESPOND	ING TO GRIEVANCE (Print):	SIGNATURE:			DIV. / DEPT.	DATE:	-
	She hart			LIBERTH	:	1 2	9/1
	of a division/unit must revi		s to grievances	alleging staff use o			y grievances.
SUPERINTENDENT / DIF	RECTOR / DESIGNEE (Print):	SIGNATURE:			DIV. / DEPT.	DATE:	
NON-GRIEVANCE (REQU	UEST) SUBJECT CODE (Check applie	cable box): INMA	ATE SIGNATURE (Fire	ma del Preso):	<u> </u>	DATE RESPONSE WA	
GRIEVANCE SU	JBJECT CODE:				Surger St.	(Fecha en que la respu	esta fue recibida):
NON-GRIEVANO	CE SUBJECT CODE:	· .	Arresta.			1 2 3 1	//
	INMATE'	S REQUEST F	OR AN APPE	AL (Solicitud de A	pelación del Preso)		
* To e	xhaust administrative reme	edies, appeals r	nust be made w	ithin 14 days of th	ne date the inmate i	eceived the respon	ise.
* La	as apelaciones tendrán que	ser sometidas c	lentro de los 14	días; a partir que e	el preso recibió la re	spuesta para agota	r
				stas administrativa	as. √ 1	y atawi	
DATE OF INMATE'S F	REQUEST FOR AN APPEAL: (F	echa de la solicitu	d del la apelacion	del detenido):	//		
INMATE'S BASIS FOR AN	N APPEAL (Base del detenido para ul	na apelacion):	*		Kalin Janes Al	Mar Harry Jan	A Mariana
	and the same say		* * t		in the first factor of the		
			Lagran -				
-	ADMINISTRATOR / DESIG	NEE'S ACCEPT	ANCE OF INMA	TE'S APPEAL?	Yes	(Si) No	
	¿ Apelación del detenido ac					E-	
ADMINISTRATOR / DESIG	GNEE'S DECISION OR RECOMMEND	DATION (Decision o re	ecomendacion por par	te del administrador o / su	u designado(a)):	#	
				* • • • • • • • • • • • • • • • • • • •	,		
	And the second s				· • • • • • • • • • • • • • • • • • • •		
ADMINISTRATOR / DESIG	GNEE (Administrador o / su Designado	o(a)): S	IGNATURE (Firma del	Administrador o / su Des	ignado(a)):	DATE (Fecha):	
	was a second and a second a second and a second a second and a second					1 1 1	. / /*
INMATE SIGNATURE (FI	rma del Preso):		<u> </u>	Acres de Carlos		CEIVED APPEAL RESPON	
and the second s		access Networkley, Challegoing			ti dena dii que di Pi	January respuesta a su	Application in the second

Case: 1:16-cv-08466 Document #: 7 Filed: 10/03/16 Page 14 of 15 PageID #:49



(Oficina del Alguacil del Condado de Cook)

GRIEVANCE

COOK COUNTY SHERIFF'S OFFICE

INMATE GRIEVANCE RESPONSE / APPEAL FORM

NON-GRIEVANCE (REQUEST)

(Pelición de Queja del Pres	so / Hespuesta /	Forma de Apelacio	<i>n)</i>	17016	2000	
	INMATE IN	FORMATION (Infor	mación del F	Preso)		
INMATE LAST NAME (Apellido del Preso):	INMATE FIRST N	IAME (Primer Nombre):		ID Number (# de id	entificación):	
GRIEVAN	CE / NON-GRIE	VANCE (REQUES	T) REFERE	RAL & RESPONSE		
(EMERGENCY GRIEVANCES) CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPL	ARE THOSE INVOLV	ING AN IMMEDIATE TI	REAT TO THE	E WELFARE OR SAFET	Y OF AN INMATE)	
		<u> Natalian</u>		and Affect		, , were .
MMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if ap	oplicable):					3.
CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANC	E / /REQUEST TO (Exan	nple: Superintendent, Cermi	ak Health services	s Personnell:	DATE REFERRED:	September 1
RESPONSE BY PERSONNEL HANDLING REFERRAL:				5, 1 0130/mel/.	DATE AFFERNED.	1///
	gradien (<u> </u>	<u> </u>			
		<u> </u>				
PERSONNEL RESPONDING TO GRIEVANCE (Print):	SIGNATURE:		· · · · · · · · · · · · · · · · · · ·	DIV (DEDT	I DAYE	
	SIGNATORE.		20 32 1	DIV. / DEPT.	DATE:	1 100
Superintendents of a division/unit must revious	ew all responses t	o grievances allegin	g staff use o	of force, staff miscon	luct and emergency g	rievances.
SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):	SIGNATURE:	1		DIV. / DEPT.	DATE:	
NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applic	INDIATE	CIONATUDE (E			/	1
GRIEVANCE SUBJECT CODE:	able box): INMATE	SIGNATURE (Firma del P	reso):	1 11	DATE RESPONSE WAS RE (Fecha en que la respuesta	
NON-GRIEVANCE SUBJECT CODE:		Andrew Control	4101	Maria Contraction of the Contrac	200	$I \sim$
INMATE'S	S REQUEST FO	R AN APPEAL (S	olicitud de A	nelación del Presol		<u> </u>
		. 1				
* To exhaust administrative reme						•
* Las apelaciones tendrán que s	ser sometidas den todas las po	itro de los 14 días; a sibles respuestas a	partir que e Iministrativa	l preso recibió la res _i s.	ouesta para agotar	
DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fe	echa de la solicitud d	el la apelacion del dete	enido):	<u> </u>	uan .	
NMATE'S BASIS FOR AN APPEAL (Base del detenido para un	a apelacion):					
\$						<u> </u>
			<u> </u>			
ADMINISTRATOR (PERIOD				· · · · · · · · · · · · · · · · · · ·		1-
ADMINISTRATOR / DESIGN ¿ Apelación del detenido ace	NEE'S ACCEPTAN eptada por el adm	ICE OF INMATE'S A inistrador o/su desig	PPEAL? gnado(a)?	Yes (S	i) No	
DMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDA	ATION (Decision o recon	nendacion por parte del adi	ministrador o / su	designado(a)):		·
	<u></u>		<u>r. Sun law</u>		<u>eren i des.</u>	:
			<u> </u>			
DMINISTRATOR / DESIGNEE (Administrador o / su Designado	(a)): SIGN/	ATURE (Firma del Administ	rador o / su Desig	nado(a)):	DATE (Fecha):	
	. <u> </u>			·		1
NMATE SIGNATURE (Firma del Preso):			may to be the	DATE INMATE RECE	VED APPEAL RESPONSE:	<u> </u>
				(Fecha en que el Pres	o recibio respuesta a su apela	cion):
The state of the s				******	_////	

Case: 1:16-cv-08466 Document #: 7 Filed: 10/03/16 Page 15 of 15 PageID #:50



FCN-48

GRIEVANCE

NON-GRIEVANCE (REQUEST)

COOK COUNTY SHERIFF'S OFFICE (Oficina del Alguacil del Condado de Cook) INMATE GRIEVANCE RESPONSE / APPEAL FORM (Petición de Queja del Preso / Respuesta / Forma de Apelación)

	or respuesta / Forma de Apelación)	Land () (C 2) of Cong
INMATE LAST NAME (Apellido del Preso):	INMATE INFORMATION (Información	90152257
(income del rieso).	INMATE FIRST NAME (Primer Nombre):	ID Number (# de identificación):
GRIE	VANCE / NON-CRIEVANCE (REQUEST)	18/0/3/0/25/23
(EMERGENCY GRIEVAN CRW / PLATOON COUNSELOR'S SUMMARY OF THE C	VANCE / NON-GRIEVANCE (REQUEST) REFICES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO POMPLAINT:	FERRAL & RESPONSE
SOMMARY OF THE C	COMPLAINT:	WORZA STUGA-
		JIMIT -
MMEDIATE CRW / PLATOCH CRUS		
MMEDIATE CRW / PLATOON COUNSELOR RESPONSI	E (if applicable):	revarie to ovaress his
MAN COMPANS.		November 10 Waress M
RW / PLATOON COUNSELOR RESERVE		
ESPONSE BY PERSONNEL HANDLING REFERRAL:	/ANCE //REQUEST TO (Example: Suberintendent, Cermak Health se	ervices, Personnel): DATE: EFERRED:
	-See call	may f
ERSONNEL DESPONDING TO		The Comment
RSONNEL RESPONDING TO GRIEVANCE (Print):	SIGNATURE:	/DIV. / DEPT. DATE:
	SSNLOLG Francisco	
PERINTENDENT / DIRECTOR / DESIGNEE (Print):	SIGNATURE:	se of force, staff misconduct and emergency grievand
		DIV. / DEPT. DATE:
N-GRIEVANCE (REQUEST) SUBJECT CODE (Check at	pplicable box): INMATE SIGNATURE (Firma del Preso):	
GRIEVANCE SUBJECT CODE:		DATE RESPONSE WAS DECEMBED
GRIEVANCE SUBJECT CODE: NON-GRIEVANCE SUBJECT CODE:		DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibio
NON-GRIEVANCE SUBJECT CODE:	- Daniel Car	(Fecha en que la respuesta fue recibio
NON-GRIEVANCE SUBJECT CODE:	E'S REQUEST FOR AN APPEAL (Solicitud de	(Fecha en que la respuesta fue recibio
NON-GRIEVANCE SUBJECT CODE: INMAT * To exhaust administrative ren	E'S REQUEST FOR AN APPEAL (Solicitud de nedies, appeals must be made within 14 days of	(Fecha en que la respuesta fue recibio
NON-GRIEVANCE SUBJECT CODE: INMAT * To exhaust administrative ren	E'S REQUEST FOR AN APPEAL (Solicitud de nedies, appeals must be made within 14 days of e ser sometidas dentro de los 14 días: a partir	Apelación del Preso) the date the inmate received the response.
NON-GRIEVANCE SUBJECT CODE: INMAT * To exhaust administrative rem * Las apelaciones tendrán que	E'S REQUEST FOR AN APPEAL (Solicitud de nedies, appeals must be made within 14 days of e ser sometidas dentro de los 14 días; a partir que todas las posibles respuestos a destrictores.	Apelación del Preso) the date the inmate received the response.
* To exhaust administrative ren * Las apelaciones tendrán que E OF INMATE'S REQUEST FOR AN APPEAL: (E'S REQUEST FOR AN APPEAL (Solicitud de nedies, appeals must be made within 14 days of e ser sometidas dentro de los 14 días; a partir que todas las posibles respuestas administrativo (Fecha de la solicitud del la apelacion del detenido):	Apelación del Preso) the date the inmate received the response. e el preso recibió la respuesta para agotar ivas.
* To exhaust administrative ren * Las apelaciones tendrán que E OF INMATE'S REQUEST FOR AN APPEAL: (E'S REQUEST FOR AN APPEAL (Solicitud de nedies, appeals must be made within 14 days of e ser sometidas dentro de los 14 días; a partir que todas las posibles respuestas administrativo (Fecha de la solicitud del la apelacion del detenido):	Apelación del Preso) the date the inmate received the response. e el preso recibió la respuesta para agotar ivas.
* To exhaust administrative ren * Las apelaciones tendrán que E OF INMATE'S REQUEST FOR AN APPEAL: (E'S REQUEST FOR AN APPEAL (Solicitud de nedies, appeals must be made within 14 days of e ser sometidas dentro de los 14 días; a partir que todas las posibles respuestas administrativo (Fecha de la solicitud del la apelacion del detenido):	Apelación del Preso) the date the inmate received the response. e el preso recibió la respuesta para agotar ivas.
* To exhaust administrative ren * Las apelaciones tendrán que E OF INMATE'S REQUEST FOR AN APPEAL: (E'S REQUEST FOR AN APPEAL (Solicitud de nedies, appeals must be made within 14 days of e ser sometidas dentro de los 14 días; a partir que todas las posibles respuestas administration (Fecha de la solicitud del la apelacion del detenido)	Apelación del Preso) the date the inmate received the response. e el preso recibió la respuesta para agotar ivas.
* To exhaust administrative rem * Las apelaciones tendrán que E OF INMATE'S REQUEST FOR AN APPEAL: (STE'S BASIS FOR AN APPEAL (Base del detenido para del del detenido para del del detenido para del	E'S REQUEST FOR AN APPEAL (Solicitud de nedies, appeals must be made within 14 days of e ser sometidas dentro de los 14 días; a partir que todas las posibles respuestas administration (Fecha de la solicitud del la apelacion del detenido): Una apelacion): That no body came	Apelación del Preso) the date the inmate received the response. e el preso recibió la respuesta para agotar ivas.
* To exhaust administrative rem * Las apelaciones tendrán que E OF INMATE'S REQUEST FOR AN APPEAL: (ATE'S BASIS FOR AN APPEAL (Base del detenido para del del detenido para del del detenido para del	E'S REQUEST FOR AN APPEAL (Solicitud de nedies, appeals must be made within 14 days of e ser sometidas dentro de los 14 días; a partir que todas las posibles respuestas administration (Fecha de la solicitud del la apelacion del detenido): Una apelacion): That no body came	the date the inmate received the response. e el preso recibió la respuesta para agotar ivas. 1 1 5 to to to K to me About this yun es. Inviestagator s
* To exhaust administrative rem * Las apelaciones tendrán que E OF INMATE'S REQUEST FOR AN APPEAL: (ATE'S BASIS FOR AN APPEAL (Base del detenido para la	E'S REQUEST FOR AN APPEAL (Solicitud de nedies, appeals must be made within 14 days of e ser sometidas dentro de los 14 días; a partir que todas las posibles respuestas administration (Fecha de la solicitud del la apelacion del detenido): Una apelacion): This housedy comes pictures of my in the coptada por el administrador of un designation del despetada por el administrador of un designativo del despetada por el administrador of un designativo del	Apelación del Preso) the date the inmate received the response. e el preso recibió la respuesta para agotar ivas. 1 1 5 TO TRIK TO TRANSCONTENS Yes (Si) No
* To exhaust administrative rem * Las apelaciones tendrán que E OF INMATE'S REQUEST FOR AN APPEAL: (ATE'S BASIS FOR AN APPEAL (Base del detenido para la	E'S REQUEST FOR AN APPEAL (Solicitud de nedies, appeals must be made within 14 days of e ser sometidas dentro de los 14 días; a partir que todas las posibles respuestas administration (Fecha de la solicitud del la apelacion del detenido): Una apelacion): That no body came	the date the inmate received the response. e el preso recibió la respuesta para agotar ivas. 1
* To exhaust administrative rem * Las apelaciones tendrán que E OF INMATE'S REQUEST FOR AN APPEAL: (ATE'S BASIS FOR AN APPEAL (Base del detenido para la	E'S REQUEST FOR AN APPEAL (Solicitud de nedies, appeals must be made within 14 days of e ser sometidas dentro de los 14 días; a partir que todas las posibles respuestas administration (Fecha de la solicitud del la apelacion del detenido): Una apelacion): This housedy comes pictures of my in the coptada por el administrador of un designation del despetada por el administrador of un designativo del despetada por el administrador of un designativo del	the date the inmate received the response. e el preso recibió la respuesta para agotar ivas. 1 1 5
* To exhaust administrative ren * Las apelaciones tendrán que E OF INMATE'S REQUEST FOR AN APPEAL: (INTE'S BASIS FOR AN APPEAL (Base del detenido para la	E'S REQUEST FOR AN APPEAL (Solicitud de nedies, appeals must be made within 14 days of e ser sometidas dentro de los 14 días; a partir que todas las posibles respuestas administratif (Fecha de la solicitud del la apelacion del detenido): una apelacion): That ho body cames pictures where the companies appears of the coptada por el administrador o/su designado(a)?	Apelación del Preso) the date the inmate received the response. e el preso recibió la respuesta para agotar ivas. 1 1 5 To talk to menta this yes (Si) Yes (Si) Yes (Si) No Contact into Contact into
* To exhaust administrative rem * Las apelaciones tendrán que E OF INMATE'S REQUEST FOR AN APPEAL: (ATE'S BASIS FOR AN APPEAL (Base del detenido para la	E'S REQUEST FOR AN APPEAL (Solicitud de nedies, appeals must be made within 14 days of e ser sometidas dentro de los 14 días; a partir que todas las posibles respuestas administrativos (Fecha de la solicitud del la apelacion del detenido): una apelacion): That no body compete parte del administrador o/su designado(a)? DATION (Decision o recomendacion por parte del administrador o/su designador o/su designado	Apelación del Preso) the date the inmate received the response. e el preso recibió la respuesta para agotar ivas. 1 1 5 To talk to me attende this yes (Si)
* To exhaust administrative rem * Las apelaciones tendrán que E OF INMATE'S REQUEST FOR AN APPEAL: (ATE'S BASIS FOR AN APPEAL (Base del detenido para del	E'S REQUEST FOR AN APPEAL (Solicitud de nedies, appeals must be made within 14 days of e ser sometidas dentro de los 14 días; a partir que todas las posibles respuestas administratif (Fecha de la solicitud del la apelacion del detenido): una apelacion): That ho body cames pictures where the companies appears of the coptada por el administrador o/su designado(a)?	Apelación del Preso) the date the inmate received the response. e el preso recibió la respuesta para agotar ivas. Lo talk tome about this Tunes. Inviestable s Yes (Si) Yes (Si)
* To exhaust administrative ren * Las apelaciones tendrán que E OF INMATE'S REQUEST FOR AN APPEAL: (INTE'S BASIS FOR AN APPEAL (Base del detenido para la	E'S REQUEST FOR AN APPEAL (Solicitud de nedies, appeals must be made within 14 days of e ser sometidas dentro de los 14 días; a partir que todas las posibles respuestas administratif (Fecha de la solicitud del la apelacion del detenido): una apelacion): That ho body cames pictures where the companies appears of the coptada por el administrador o/su designado(a)?	Apelación del Preso) the date the inmate received the response. e el preso recibió la respuesta para agotar ivas. Lo talk tome about this Tunes. Inviestable s Yes (Si) Yes (Si)